

**XTREME HOCKEY LEAGUE RELEASE**

The undersigned, being a participant/guardian of Xtreme Hockey League activity, for and in consideration of the providing of a place for the playing of the said sport, and the organizing and scheduling of the events, the undersigned acknowledges that there is certain risk in playing the said sport, that he/she has been made aware of the risks and that there will be limited supervision, if any, in the games to be played, and that the Reynoldsville Rollerdrome is providing an area for said sport to be played, with the stipulation and understanding that said Xtreme Hockey League organization will supervise the same, does/do hereby remise, release, quit claim and forever discharge the said Reynoldsville Rollerdrome, Xtreme Hockey League, and any persons acting on behalf from any personal injury or property damage that may occur to the undersigned as a result of participating in the said sport, and it is understood by the execution hereof, the undersigned does/do hereby waive any liability whatsoever against the said Reynoldsville Rollerdrome and/or Xtreme Hockey League.

The undersigned certifies that he/she has their own private hospitalization insurance to cover any medical or hospital costs that may arise as a result of playing the said sport, and that the information set forth below concerning said insurance is true and accurate.

It is the intention of the undersigned to be legally bound hereby, and this Release shall be constructed under the laws of the Commonwealth of Pennsylvania and binding upon the parties, their heirs, executors, administrators and assigns and it executed this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Undersigned Participant

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Undersigned-Parent(s) or Guardian(s)'s Signature if Participant is under the age of 18

\_\_\_\_\_  
Name of Hospital Insurance Co.

\_\_\_\_\_  
Policy Number